

The Danger From Measles.

State Department of Health of Maine.

People generally have been ranking measles as one of the diseases from which there is but little danger and therefore one with which it isn't worth while to bother. But the fact is that measles is a very serious infectious disease. The number of deaths from measles in our state is on the average more than twice as many as from scarlet fever and is more than one-half the number of the deaths from diphtheria.

But this is far from being the whole story of the measles danger. Many children are left for some time, or for a long time, with impaired health; some acquire impaired hearing or become deaf from suppurative inflammation of the middle ear; nearly all are left with their eyes so weakened that defective sight may be the result if they return to school too soon. In military encampments the advent of this disease is always considered a serious matter, for the rapidity with which it spreads and for the high death-rate which, in such places, accompanies or follows an outbreak.

Aside from the death-rate which is charged to measles, many lives are lost from pneumonia, bronco-pneumonia and other affections which are the sequels of measles; and tuberculosis, aggravated by or following measles, claims many victims.

Childhood's Danger Period.

In the early years of childhood the danger from measles is especially great. In the deaths from that disease in a series of years in Maine, 67% of them have been in children under five years old, and 75% under ten years. It is a foolish mother who says to let the little ones have measles early and be over with it. Children under five years old particularly should be

guarded carefully from the infection of measles. If it is thought that they must have it, they should be protected from the disease until they are at least ten or twelve years old.

How Measles is Spread.

The most infectious period is in the catarrhal stage before the rash comes out. It may be spread also during the stage of the eruption. It is spread chiefly from the sick person directly to the well person in such ways as these :

1. Infection given off by the sick person in the discharges from the nose and mouth may be thrown into the air as minute particles or droplets in the act of coughing or sneezing and in the sick-room may be breathed in by other persons.

2. One may catch the disease by using the same spoons, cups, or other things which have been used by the patient before those things have been sealded or otherwise disinfected.

3. Fingers may carry the infection to one's lips or nose after shaking hands with a measles patient or handling his handkerchiefs, towels, or clothing or other things which have been soiled by the watery discharges from his nose, eyes, or mouth.

4. It may be conveyed by the nurse or mother who cares for the sick one if she has not been long or far from the sick room.

When Measles is Suspected. What ?

Altogether the safest way is to have the advice and care of your family physician. But, the very first thing to do, not waiting for the doctor to come, is to put the sick child into a room by himself away from the other children. Into that room carry everything which the sick child has used or played with since the first symptoms showed themselves—towels, napkins, cups, spoons and toys, especially all the things that he may have had in his mouth.

Sick-Room Rules.

1. The other children and all unnecessary persons must from the first be kept away from the sick-room. If at first you must have help and no other help is at hand, an older child or other person who has had measles (not German measles which is an entirely different disease) may help you.

2. If the mother must leave the sick-room and do the cooking or other service for her family, the first precaution for her to think of is to wash her hands very thoroughly before she goes near other persons or touches anything outside the sick-room, particularly food or eating or drinking utensils, or towels or other things which may be used about the face. It would be much safer if the mother or nurse would wear in the sick-room a loose protective gown which could be put off as she leaves the sick-room.

3. Receive all discharges from the nose and mouth upon pieces of cloth or soft paper toweling, put them into a paper bag and burn the bag and contents when nearly full. After handling these things, the attendant should wash her hands carefully.

4. Further, with the view of keeping the infection in the room, never let anything go from the room (towels, handkerchiefs, the patient's clothing or bed clothing, eating or drinking utensils, toys, or anything else that has been in use about the patient) until they have been made safe by boiling or by placing them in a disinfection solution.

5. Do not overheat the room. Provide good air but avoid drafts. Let into the room as much light and sunshine as possible. That will insure, in some degree, against the respiratory diseases which carry off so many children after measles. Shade the eyes if need be.

6. Unless the child who is sick with measles has intelligent care, there is great danger of the various complications which often follow measles in the days or weeks of convalescence.

Schools.

Children and teachers in the family who have had measles many continue at school if they are isolated from the other members of the family. Children who have not had the disease, but who have been exposed to measles, must for two weeks be kept entirely away from other children—from school, Sunday school, moving picture shows, and all other meeting places of children.

With the cordial cooperation of parents, teachers, and boards of health, as is required by our health laws, child life

could be much better protected and the loss of school time and school money due to school epidemics would be very much lessened.

Disinfection.

Fumigation is not required after measles, but instruction should be given that all the clothing, bedding, sheets, pillows, pillow cases, etc., which can be thus treated shall be boiled or disinfected by soaking in a disinfecting solution. For this purpose, Formaldehyde or Kreso (Solution 7 or 8 of the State Department of Health, given in Circular 220) may be used.

During the illness the sick-room and its contents should be kept as free from infection as possible by the continuous process of disinfection and cleansing. When the patient has left the sick-room, a few day's airing and exposing to as much sunshine as is possible may be trusted to free the room from danger, for, as has been stated, the infection of measles is short-lived when exposed to the action of free air, drying and sunshine.